

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599,640

FILING DATE

10-04-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			2			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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36						
37						
38						
39						
40						
41						
42						
43			2			
44			1			
45						
46			1			
47						
48			1			
49						
50			1			
TOTAL IND.			2		2	
TOTAL DEP.			2		2	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
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79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					4	
TOTAL DEP.					39	
TOTAL CLAIMS					43	